

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000781

1. Entity Name

MATT STONE EAST, INC.

Principal Place of Business

Mailing Address

4460 OLD DIXIE HIGHWAY  
VALKARIA FL 32949  
US

POB 1929  
ZEPHYRHILLS FL 33539  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTOX, JEFFREY A  
3749 COPELAND DR  
ZEPHYRHILLS FL 33540

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
MATTOX, JEFFREY A  
3749 COPELAND DR  
ZEPHYRHILLS FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
DEAN, JEFFREY M  
3749 COPELAND DR  
ZEPHYRHILLS FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Dean

Date

Daytime Phone #

4/17/01

(813) 783-1920

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90269 023 \*\*\*150.00

C0053329



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3159116 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0515302

CR2E034 (10/00)